

| POSITION | NUMBER | ID NO. | DATE |
|---------------------------|--------|----------|------|
| FEE DETERMINATION | 1 | 57-32-C1 | |
| O.I.P.E. CLASSIFIER | 2 | 8-7-01 | |
| FORMALITY REVIEW | 3 | 08-31-0 | |
| RESPONSE FORMALITY REVIEW | 4 | 12-04-0 | |

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INDEX OF CLAIMS

| | | | |
|---|-------------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral)... Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
|----------|---------|
| Final | |
| Original | |
| 1 | 1-16-01 |
| 2 | 2-22-01 |
| 3 | 3-2-01 |
| 4 | 4-16-01 |
| 5 | 5-1-01 |
| 6 | 6-1-01 |
| 7 | 7-1-01 |
| 8 | 8-1-01 |
| 9 | 9-1-01 |
| 10 | 10-1-01 |
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| 12 | 12-1-01 |
| 13 | 1-16-02 |
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| 22 | 10-1-02 |
| 23 | 11-1-02 |
| 24 | 12-1-02 |
| 25 | 1-16-03 |
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| 28 | 4-16-03 |
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| 40 | 4-16-04 |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
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12/04/01